



PAYMENT POLICY

Payment is expected at each visit. We accept check, cash or credit card.

The person bringing the child for treatment is the party responsible for the bill (the guarantor). We do not bill or attempt to collect from any third party.

INSURANCE: We are happy to take assignment with your insurance with the following stipulations:

1. CORRECT Forms or CURRENT PRIMARY dental insurance card must be brought at time of appointment or payment is expected.
2. Only PRIMARY coverage is accepted. (No secondary coverage is accepted, but we will provide the necessary documentation for your submittal.)
3. Deductibles, as well as any percentages not covered by your insurance, must be paid at the time of treatment.
4. Your insurance must take assignment and pay us directly.
5. If coverage is with a third party all forms must be completed and payment assigned to us.
6. If payment is not received from your carrier within 60 days, regardless of the reason, payment must be made by you in full within 10 days of notification.
7. If there is a credit balance after payment has been made by your insurance company, a refund will be made within 30 days, if so requested.

I also understand that I am responsible for payment of services rendered and also responsible for paying any co-payment and deductible that my insurance does not cover. I hereby authorize the dentist to release all information necessary to secure payment of benefits. I authorize the use of this signature on all my submissions, whether manual or electronic.

We are not a participating provider with any insurance carrier. We do not discount fees or write off unpaid insurance balances. It is the responsibility of the insured to check with their insurance company concerning payment on any procedures. We will provide proper codes and fees prior to any treatment. It is your responsibility to advise us of any changes in insurance at time of service. Failure to do so, will result in full payment being required prior to resubmitting the claim. If resubmitting becomes necessary, for any other reason, we will resubmit ONCE at no charge.

We accept insurance assignments only as a courtesy to you. We will not get involved in any dispute with your carrier, but we will be happy to provide any additional information to help you collect from your insurance company. There will be a charge for additional documentation your insurance company may request.

A charge of \$3.00 of any unpaid balance will be added monthly.

Should your account be turned over for collection you will be responsible for all costs and legal fees.

We reserve the right to charge for broken appointments. A charge may be assessed, if additional time is required, for behavioral management of the child.

I have read and understand this payment policy and agree to abide by its content.

SIGNED: _____ DATE: _____

Guarantor